

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43376**

**DEC 27 1950**

REG. DIST. NO. **360**

PRIMARY REG. DIST. NO. **3076**

Registrar's No. **184**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluevale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>May</u> c. (Last) <u>Darrell</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 15 1950</u>	
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Dec. 2, 1884</u>	
<b>9. AGE</b> (In years last birthday) <u>65</u>		<b>10. AGE</b> (In years last birthday) <u>65</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cedar Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Reuben Caldwell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martin Stand</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>George Darrell</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George Darrell, El Dorado Springs, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL APOPLEXY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE C.V.R. DISEASE</u> DUE TO (c) <u>DIABETES MELLITIS - SEVERE.</u>	
<b>19a. DATE OF OPERATION</b> <u>None</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>—</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>—</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>—</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>—</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>10-8</u> , 1950, to <u>Nov 15</u> , 1950, that I last saw the deceased alive on <u>Nov 15</u> , 1950, and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>Wm. H. Walker, M.D.</u>		<b>23b. ADDRESS</b> <u>Nevada Mo.</u>	
<b>23c. DATE SIGNED</b> <u>11-21-50</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	
<b>24b. DATE</b> <u>11-17-50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hazel Dell Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cedar Co. Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thurman Carothers</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-24-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kathryn H. Vance</u>	
<b>25. FUNERAL DIRECTOR'S ADDRESS</b> <u>El Dorado Springs</u>		<b>25. FUNERAL DIRECTOR'S ADDRESS</b> <u>El Dorado Springs</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2468

Date Filed 12-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Floyd E. Carthus*  
Licensed Embalmer No. 4419

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.